



KUO, JONATHANN C., MD PC
NEW YORK



174757_2_24_001211

FDA_P00408351

CREDIT CARD PAYMENT

174757_2_24_001212

FDA_P00408352

Beta S.P. pf 12 mg/ml
5ml
\$22 $\geq$ 30/order

Methylpred 80 mg/ml
10ml
\$27 $\geq$ 50/order

AMEX

3717 38256 181605

10/14

174757_2_24_001213

FDA_P00408353

(Please keep this form on top)

**This order requires the lab
to contact the Sales Rep
prior to sending out any
additional orders**

*12-12-11 - emailed John N. Methy - need more names
9.19.12 - if no patient names on next order, present to Barry*

174757_2_24_001214

FDA_P00408354

Steven Sanda

From: John Notarianni
Sent: Monday, December 12, 2011 9:47 AM
To: Steven Sanda
Subject: RE: Jonathann C Kuo, New York, NY

Okay thank you.

From: Steven Sanda
Sent: Monday, December 12, 2011 9:46 AM
To: John Notarianni
Cc: Chris Keough
Subject: Jonathann C Kuo, New York, NY

Good morning John,

This facility has been placing orders for their #50 Methyl 80 10ml's with only one patient name. We are going to ship this order that's in house, out today for delivery tomorrow. Please address the issue of patient names before their next order.

Thank you,

Steven Sanda
Order Processing Support
NECC
Phone (508)-656-2680
ssanda@neccrx.com



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Ex. 508-820-1616

Invoice

Date	Invoice #
9/19/2012	229760

Bill To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

Ship To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	TO-S	9/19/2012	FEDEX		
Quantity	Item Code	Description	Price Each	Amount		
100	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML	27.00	2,700.00		
1	Shipping-Standard		25.00	25.00		

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Njunga

Total	\$2,725.00
Credits	\$-2,725.00
Balance Due	\$0.00

174757_2_24_001216

FDA_P00408356

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

09/19/2012

SALE

Total: \$2,725.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 122633 QuickBooks Trans. No:
Trans. ID: MF0016833499 Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001217

FDA_P00408357



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF FACILITY: Jonathan C Kuo MD PC

PHONE NUMBER: 646 596 7386

ADDRESS: 350 BROADWAY SUITE 200

CONTACT NAME: Jonathan C Kuo P.O. #:

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient

Name of medication to be compounded

Strength If preservative-free, write in p/f

Unit size (mL, gm...) # of units

Directions

Methylprednisolone

80mg/mL P

10mL 100 As directed by MD

1 each

10mL
\$27
0730

Unit: Methylprednisolone
Chris Lepore
Ronit Horowitz

see attached
for patient
names

SHIPPING: 6.55
SPECIAL: 0.75
HANDLING: 0.00
TOTAL: 7.30

Date: 19Sep12
Wgt: 1.00 LBS
DV: 0.00

Ref: METHYLPRED
Dep:

SVCS: STANDARD OVERNIGHT
TARIFF: 8349 5000 0000

Physician's Name/Signature: Full

- Jonathan Kuo

DEA Number: K0838182

Verification: Institutional Agent: Michelle M

For NECC Use Only NECC Agent: SS

QB: ✓

Date: 9/19/12 Time: 8:48a

V102309

174757_2_24_001218

Age	Visit	Visit Sts	Type	Appt Time	Patient Name	P/R	Reason	Sex
	CHK		F/U	08:00 AM	Scott, Shirley JK✓		F	67 Y
25 Y	CHK		F/U	08:00 AM	Yakowicz, William R✓	JK		M
53 Y	CHK		F/U	08:00 AM	O'Donnell, Michael✓	JK		M
	CHK		F/U	08:00 AM	Tanney, Melissa JK✓		F	28 Y
	CHK		F/U	08:30 AM	Granberg, Dawn JK✓		F	41 Y
	CHK		F/U	08:30 AM	Klein, Seth A JK✓		M	28 Y
	CHK		F/U	08:30 AM	Pankey, David JK✓		M	49 Y
	CHK		NP	09:00 AM	Chen, Hanchu JK✓		M	48 Y
66 Y	CHK		F/U	09:00 AM	Baptiste, Anthony L✓	JK		M
	CHK		F/U	09:00 AM	Blake, Jerome JK✓		M	48 Y
	CHK		F/U	09:30 AM	Zhan, RenFu JK✓		M	64 Y
	CHK		F/U	09:30 AM	Raia, Valerie JK✓		F	60 Y
54 Y	CHK		F/U	09:30 AM	Cheng, Zan Lian Zhou✓	JK		F
	CHK		F/U	10:00 AM	Kichler, James JK✓		M	52 Y
	CHK		F/U	10:00 AM	Chang, KinSoon JK✓		M	62 Y
	CHK		F/U	10:00 AM	Chin, Chang JK✓		M	87 Y
	CHK		F/U	10:00 AM	Dong, Yuzhen JK✓		F	65 Y
	CHK		F/U	10:30 AM	Liang, Bi JK✓		F	58 Y
	CHK		F/U	10:30 AM	English, Thomas JK✓		M	54 Y
48 Y	CHK		NP	10:30 AM	Mccombs, Leticia✓	JK		F
	CHK		F/U	10:30 AM	Bai, Ya Yuan✓	JK	F	73 Y
	CHK		F/U	11:00 AM	Hu, Lai X✓	JK	F	62 Y
	CHK		F/U	11:00 AM	Frucci, Ken✓	JK	M	51 Y
	CHK		F/U	11:00 AM	Kong, Kiu✓	JK	F	93 Y
60 Y	CHK		F/U	11:30 AM	Glover, Marguerite✓	JK		F
	CHK		F/U	11:30 AM	Chau, Binh✓	JK	F	65 Y
	CHK		F/U	12:00 PM	Tierney, Thomas✓	JK	M	75 Y
	CHK		F/U	12:00 PM	Yap, Yuk Foong✓	JK	F	68 Y
	CHK		F/U	12:00 PM	Menger, Kellie✓	JK	F	46 Y
	CHK		NP	12:00 PM	Karadi, Avraham✓	JK	M	44 Y
	CHK		F/U	12:30 PM	Fong, Tony✓	JK	M	50 Y

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FDA_P00408359

				CWReport		
CHK		F/U	12:30 PM	Salomo, Patricia✓	JK	F
35 Y	CHK	F/U	12:30 PM	Mokri, Mourad✓	JK	M 34 Y
CHK		F/U	01:00 PM	Rivera, Albert✓	JK	M 50 Y
CHK		F/U	01:00 PM	Jimenez, Elizabeth✓	JK	F
51 Y	CHK	NP	01:00 PM	Zhou, Yue Jiao ✓	JK	F 61 Y
CHK		F/U	01:00 PM	Rivera, Miguelina✓	JK	F
73 Y	CHK	F/U	01:30 PM	Brooks, Nicholas✓	JK	M
23 Y	CHK	F/U	01:30 PM	Smith Caceres, Francine✓	JK	F
60 Y	CHK	F/U	01:30 PM	Singh, Terja✓	JK	M 44 Y
CHK		F/U	02:00 PM	Kuzler, Francis✓	JK	M 44 Y
CHK		NP	02:00 PM	Lai, Lena✓	JK	F 45 Y
CHK		F/U	02:00 PM	Kuang, Xiao Qing✓	JK	F
60 Y	CHK	F/U	02:00 PM	Flood, Kathleen✓	JK	F 31 Y
CHK		F/U	02:30 PM	Von Veit, James✓	JK	M 46 Y
CHK		F/U	03:00 PM	Luo, LiPing✓	JK	F 45 Y
CHK		F/U	03:00 PM	Ellen, Courtney✓	JK	F 58 Y
CHK		NP	03:00 PM	Tran, Hoang M.✓	JK	F 76 Y
CHK		F/U	03:00 PM	Vargas, Alfonso✓	JK	M 61 Y
CHK		F/U	03:30 PM	Knight, Roger V.✓	JK	M 51 Y
CHK		F/U	03:30 PM	Ting, June✓	JK	F 61 Y
CHK		F/U	03:30 PM	Battle, Richard✓	JK	M 59 Y
CHK		NP	04:00 PM	Ball, Richard✓	JK	M 47 Y
CHK		F/U	04:30 PM	Boone, Darrel✓	JK	M 56 Y
CHK		INJ	04:30 PM	Casarona, Joseph✓	JK	M
60 Y	CHK	F/U	05:00 PM	Bragg, LeVonne✓	JK	F 46 Y
CHK		F/U	05:30 PM	Schatz, Karen✓	JK	F 39 Y
CHK		F/U	05:30 PM	Adegbile, Remi✓	JK	M 43 Y
CHK		F/U	06:00 PM	Hardwick, Jonathan✓	JK	M
38 Y	CHK	NP	06:00 PM	Yuen, Chuck✓	JK	M 60 Y
CHK		F/U	06:00 PM	Perucci, Ralph✓	JK	M 63 Y
CHK		F/U	06:30 PM	Guice, Carol✓	JK	F 60 Y

Age	Visit	Visit Type	Appt Time	CWReport Patient Name	P/R	Reason	Sex
28 Y	CHK	F/U	08:00 AM	Carroll, Matthew✓	JK		M
		F/U	08:00 AM	Mejias, Pedro✓	JK	M	57 Y
		F/U	08:00 AM	Lin, Xiu✓	JK	F	67 Y
		NP	08:30 AM	Ye, Rui Q✓	JK	F	78 Y
		F/U	08:30 AM	Lei, Yue C✓	JK	F	73 Y
		F/U	08:30 AM	Chiara, Valerie✓	JK	F	61 Y
		F/U	09:00 AM	Wang, Hui✓	JK	F	67 Y
		F/U	09:00 AM	Jiang, YanMing✓	JK	M	61 Y
		NP	09:00 AM	Chan, Cheuk✓	JK	M	79 Y
		F/U	09:30 AM	Wood, Kwee✓	JK	F	44 Y
		F/U	09:30 AM	Lui, Yuet✓	JK	F	66 Y
		F/U	10:00 AM	Wu, Lian✓	JK	M	64 Y
32 Y	CHK	NP	10:00 AM	Nichols, Kristen✓	JK		F
31 Y	CHK	NP	10:30 AM	Milburn, Rebecca✓	JK		F
		F/U	10:30 AM	Hui, Yauhing✓	JK	M	46 Y
		F/U	11:00 AM	Zhang, Min✓	JK	F	63 Y
46 Y	CHK	F/U	11:00 AM	Greenberg, Max✓	JK		M
		F/U	11:00 AM	Millay, Heidi M✓	JK	F	34 Y
		F/U	11:30 AM	Phuong, Nguyen✓	JK	M	81 Y
86 Y	CHK	F/U	11:30 AM	Tanner, Leslie B✓	JK		F
64 Y	CHK	F/U	11:30 AM	Pan Lu, ZhuoYing✓	JK		F
		NP	11:30 AM	Ramos, Crystal✓	JK	F	30 Y
		F/U	12:00 PM	Pabon, Anibal✓	JK	M	48 Y
		F/U	12:00 PM	Chan, Howard K✓	JK	M	70 Y
		F/U	12:00 PM	Pan, XianPei✓	JK	M	74 Y
		F/U	12:30 PM	Pagan, Zunilda✓	JK	F	63 Y
		F/U	12:30 PM	Guzman, Tomas✓	JK	M	59 Y
33 Y	CHK	F/U	12:30 PM	Peterson, Nicholas✓	JK		M
		F/U	01:00 PM	Citrin, Jay E✓	JK	M	65 Y
56 Y	CHK	F/U	01:30 PM	Harrison, Robert✓	JK		M
		F/U	01:30 PM	Chen, Jiang Nie-JK✓		M	57 Y

Page 1

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FDA_P00408361

			CwReport					
CHK		F/U	02:00 PM	Toa, Seik Thoo✓	JK	F	74 Y	
CHK		F/U	02:00 PM	Cuffe, Ingrid W✓	JK	M	68 Y	
CHK		F/U	02:00 PM	Kemp, Johann✓	JK	M	26 Y	
CHK		F/U	02:30 PM	Liao, Jiaxing✓	JK	M	27 Y	
CHK		F/U	03:00 PM	Go, Nora✓	JK	F	65 Y	
55 Y	CHK	NP	03:00 PM	Florea, Cristian✓	JK		M	
CHK		F/U	03:00 PM	<u>Sank, Yael</u> ✓	JK	F	51 Y	
CHK		F/U	03:30 PM	Robertson, Mark	JK	M	55 Y	
38 Y	CHK	F/U	03:30 PM	Torres, Nicholas	JK		M	
36 Y	CHK	F/U	04:00 PM	Hancock, Anthony L	JK		M	
58 Y	CHK	F/U	04:00 PM	Cirasa, Salvatore	JK		M	
CHK		NP	04:00 PM	Schultz, John	JK	M	25 Y	
30 Y	CHK	F/U	04:00 PM	Cirasa, Jennifer	JK		F	
CHK		F/U	04:30 PM	Devivo, Linda	JK	F	62 Y	
CHK		F/U	04:30 PM	Dinoff, Anthony	JK	M	45 Y	
CHK		F/U	04:30 PM	Colon, Lourdes	JK	F	57 Y	
CHK		NP	05:00 PM	Truong, Ngoc A	JK	F	75 Y	
CHK		F/U	05:00 PM	Ngan, Fung	JK	M	53 Y	
59 Y	CHK	NP	05:30 PM	Benzilio, Roberta	JK		F	
45 Y	CHK	F/U	05:30 PM	Esquerette, Maria	JK		F	
35 Y	CHK	F/U	06:30 PM	Giordano, Theresa	JK		F	

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE
350 BROADWAY, SUITE 200
NEW YORK, NEW YORK, 10013
T 646.596.7386
F 646.360.2739
www.JonathannKuoMD.com

FAX

TO: *Prescription order form* FROM: *Michelle*
FAX: *888-820-0583* PAGES: *5*
PHONE: DATE: *9/18/12*
RE: CC:

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

COMMENTS

174757_2_24_001223

FDA_P00408363



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for this Rx Order

Facility Name	
Facility Address	

Drug 1	Drug 2	Drug 3
Medication	Medication	Medication
Vial Size	Vial Size	Vial Size
# of Units	# of Units	# of Units
Lot # Matched	Lot # Matched	Lot # Matched
Lab Reports Enclosed	Lab Reports Enclosed	Lab Reports Enclosed

Drug 4	Drug 5	Drug 6
Medication	Medication	Medication
Vial Size	Vial Size	Vial Size
# of Units	# of Units	# of Units
Lot # Matched	Lot # Matched	Lot # Matched
Lab Reports Enclosed	Lab Reports Enclosed	Lab Reports Enclosed

Kathy S. Chin, RPh, PharmD	
Jill Keough, RPh, PharmD	
Barry J. Cadden, RPh	
Glenn. A. Chin, RPh	
J.Matt Evanosky, RPh	
Chris M. Leary, RPh, PharmD	
Gene V. Svirskiy, RPh, PharmD	
Alla V. Stepanets, RPh, PharmD	

174757_2_24_001224

FDA_P00408364



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
7/10/2012	221604

Bill To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

Ship To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	TO-S	7/10/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
100	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	2,700.00
1	Shipping Charges				20.00	20.00

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$2,720.00
Credits	\$-2,720.00
Balance Due	\$0.00

174757_2_24_001225

FDA_P00408365

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

07/10/2012

SALE

Total: \$2,720.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 142425 QuickBooks Trans. No:
Trans. ID: MF0011748049 Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001226

FDA_P00408366



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF FACILITY: JONATHAN KWO MD PC PHONE NUMBER: 646 596 7386
ADDRESS: 350 BROADWAY SUITE 200 NY NY 10013
CONTACT NAME: Dr. Kwo

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient: Dr. Kwo
Name of medication to be compounded: Methylprednisolone 8mg/mL P
Strength (% mg/mL, free, write in pif w/mL): 10 mL 100 AS directed
Unit size (mL, gm...):
Directions: 100

Dr. Kwo
see attached

100
5/22/03

drug
on
desk

BL

Physician's Name/Signature: Jonathan Kwo
DEA Number: 38882

Verification: Institutional Agent: Elizabeth	NECC Agent: SS	QB: ✓	Date: 7/9/12	Time: 11:31a
--	----------------	-------	--------------	--------------

V102309

Ref: METHY-PRED
Dep:
Date: 10JUL12
Mgt: 1.00 LBS
DV:
SHIPPING: 6.55
SPECIAL: 0.79
HANDLING: 0.00
TOTAL: 7.34
SPE: STANDARD OVERNIGHT
THRU: 1000 MTX 2401

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE

350 Broadway - Suite 205
New York, New York 10013

Tel: (646) 596-7386
Fax: (212) 227-2369

July 9, 2012

Patient Name:

Jessica Lermant ✓
David Perez ✓
Andrew Cordero Ramirez ✓
Zhi Qing Zhang ✓
Carol Guice ✓
Minchang Zhou ✓
Pow Kuo ✓
Jaqueline Bentley ✓
Bernard McClain ✓
Man Li Xu ✓
Suet Leung ✓
Jennifer Avila ✓
Bi Ling He ✓
Bi Liang ✓
Tin Lee ✓
Julia Totillo ✓
Lauren Seeney ✓
Kheng Kouch ✓
Michael Mamarella ✓
Kuan K Hoi ✓
Tara Smith ✓
King Yu Chi ✓
Theresa Pollaro ✓
Shena Otto ✓
Brenda Grant-Rogers ✓
Jon Lee ✓
Nora Go ✓
Gloria Cebalao ✓
Donna Peretti ✓
Nancy Viglione ✓
Mei Na Tan ✓
Joseph Casarona ✓
Latonya Frazier ✓
Evalyn Whitaker ✓
Rajal Patel ✓

Denise Minauro ✓
Melanie Tang ✓
Song Feng ✓
Jennifer Dibella ✓
Yun Loung Tsai ✓

174757_2_24_001228

FDA_P00408368

Miao Fu Chen ✓
Marsha Greene ✓
Kim Hoa Nguyen ✓
Carlos Lozano ✓
Yvonne Reno ✓
Sai Yu ✓
Lien Nguyen ✓
Gloria Sponburg ✓
Kevin Sponburg ✓
Thomas Cardillo ✓
YunYun Zhang ✓
Zhen Hua Huang ✓
George Boncoraglio ✓
John Nappoli ✓
Xiuning Xiao ✓
Junko Trainor ✓
Juying Huang ✓
Michael Pistorino ✓
Debbie Cammaratta ✓
Eric Slater ✓
Shezad Morandi ✓
Diana Kellogg ✓
Kin Chi Leung ✓
Jinxu Situ ✓
Wai K Chin ✓
Mark Xue Ling ✓
Margaret Whitehead ✓
Chang Chen ✓
Shoo Leung ✓
Yu Zheng ✓
XueYing Wong ✓
YeouFuh Wang ✓
Stephen Chan ✓
Fung Lee ✓
William Yacowitz ✓
Fung Lee ✓
Florence Foster ✓

Yan Li ✓
Jor Fan Ng ✓
Zhen Neng Chen ✓
Zhan Zheng ✓
Tui Kan Lee ✓
Lynn Marie Sciaba ✓
Persa Stefan ✓
Linda Campos ✓
Sherry Amoriello ✓
Sarah Horton ✓
Kevin Joseph ✓ 87

Shing Chung Cheung ↗
Humphrey Chin ↗
Xi Qing Lin ↗
Xuai Qubg Jyabg ↗
Su Zhu Zhao ↗
ChihYi Chen ↗
Lai Yung Tam ↗
Paul Horrmann ↗
Micheleen Karnacewics ↗
Risa Glickman ↗
Phillipe Finale ↗
Christine Brestlin ↗
Gina Dennis ↗
Mai Kuen Yuen
Kouch Kheng
Thomas Catral
Noi H Wong
Zhi Qing Zhang
Elizabeth Ortiz
Leonard Hammond
Cai Q Ng
Pui Wan Hui
Tiffany LaDuca
Chin Mei Lin
Chan Mei Yuan
Lianxu Wen
Jinxu Situ
Santiago Cruz
Rose Scott
John Weimer
Thomas English
Sherri Hollander
Suk Cheung
Yolanda Villalona
Linda Lieberman
Lisa Shaver
Susan Weinstein
Steven Gagliardo
Mayzin Oo
Guarionex Perez
Eileen Coppola
Levonne Bragg
Mei Wong
James Kichler
Devine Everitt
Suzie Lee
Richard Hartman
Delores Dass
Charles Savenor
Sandra Mclean
Song Ye Chen

174757_2_24_001230

FDA_P00408370

YiJing Li
HuiMei Chen
Prasannah Nimalan
Kosseh Ndie
Santa Pinales
Tareef Bracy
Gary Debenedetto
Maritza Rodriguez
Dona Perman
Keanla Daudie

174757_2_24_001231

FDA_P00408371



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for this Rx Order

MP 8/10		Facility Name	✓
		Facility Address	
Drug 1		Drug 2	
Medication		Medication	
Vial Size		Vial Size	
# of Units		# of Units	
Lot # Matched	✓	Lot # Matched	
Lab Reports Enclosed	✓	Lab Reports Enclosed	
Drug 4		Drug 5	
Medication		Medication	
Vial Size		Vial Size	
# of Units		# of Units	
Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed	
Drug 3		Drug 6	
Medication		Medication	
Vial Size		Vial Size	
# of Units		# of Units	
Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed	

Kathy S. Chin, RPh, PharmD

Michelle L. Thomas, RPh, PharmD

Barry J. Cadden, RPh

Glenn. A. Chin, RPh

J. Matt Evanosky, RPh

Chris M. Leary, RPh, PharmD

Gene V. Svirskiy, RPh, PharmD

Alla V. Stepanets, RPh, PharmD

a

174757_2_24_001232

FDA_P00408372



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
5/15/2012	215478

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	5/15/2012			
Quantity	Item Code	Description			Price Each	Amount
70 1	METHYL 80/10 Shipping Charges	METHYLPREDNISOLONE 80MG/ML INJ, 10ML **replacement of lot 02292012@7 received on 3/28/2012**			0.00 0.00	0.00 0.00
					Please send testing for 2/29/16 + 4/16	
					JL	
					Total	\$0.00
					Credits	\$0.00
					Balance Due	\$0.00

174757_2_24_001233

FDA_P00408373



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
3/27/2012	210056

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	3/27/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
100	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	2,700.00
1	Shipping Charges				20.00	20.00

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

PAM

Total	\$2,720.00
Credits	\$-2,720.00
Balance Due	\$0.00

174757_2_24_001234

FDA_P00408374

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

03/27/2012

SALE

Total: \$2,720.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 161752 QuickBooks Trans. No:
Trans. ID: MA0123573207 Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001235

FDA_P00408375



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF FACILITY: JONATHAN C Kuo MD PC PHONE NUMBER: 646 596 7386.

ADDRESS: 350 BROADWAY SUITE 200 CONTACT NAME: JONATHAN C Kuo P.O. #:

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient: Strength: If preservative: Unit size # of Directions
(%, mg/ml, free, write in p/f (mL, units
u/ml) gm...)

DeVino, trace Methyl prednisolone 80mg/mL

See attached

Send #770
T-2N
5/15-5/16

10mL (100)

SHIPPING: 6.53
SPECIAL: 0.86
HANDLING: 0.00
TOTAL: 7.49

Date: 15Mar12
Wgt: 1.00 LBS

DV:

Sves: STANDARD OVERNIGHT
TRUCK: 5271 2054 2692

Ref: m-pred
Dep:

Ref: METHYLPRED
Dep:

Date: 27Mar12
Wgt: 1.00 LBS

DV:

Sves: STANDARD OVERNIGHT
TRUCK: 5271 2058 3501

SHIPPING: 6.55
SPECIAL: 0.85
HANDLING: 0.00
TOTAL: 7.40

Physician's Name/Signature:

For NECC Use Only

Verification: Institutional Agent: M. V. Kuo NECC Agent: SS

QB: ✓

Date: 3/26/12

Time: 2:32P

DEA Number: PK0838182

V102309

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED I ANESTHESIOLOGY I PAIN MEDICINE
350 BROADWAY, SUITE 200
NEW YORK, NEW YORK, 10013
T 646.596.7386
F 646.360.2739
www.JonathannKuoMD.com

FAX

TO: NECC

FROM: JONATHANN C. KUO

FAX: 1-508-820-1616

PAGES: 2

PHONE:

DATE: 3/23/12

RE: GRACE DOMVIO

CC:

☒ URGENT

☒ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

COMMENTS

174757_2_24_001237

FDA_P00408377

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE
350 BROADWAY, SUITE 200
NEW YORK, NEW YORK, 10013
T 646.596.7386
F 646-360-2739
www.JonathannKuoMD.com

FAX

TO: John Notarianni
FAX: 888-820-0583
PHONE:
RE:

FROM: Elizabeth Smith
PAGES:
DATE:
CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

COMMENTS

Call with any questions -
Thank!

174757_2_24_001238

FDA_P00408378

1. Kwan, Sau Wan ✓	DOB: July 13
2. Lemon, Douglas ✓	DOB: April 11
3. Block, Andrew ✓	DOB: June 4
4. Joffe, Matthew ✓	DOB: June 15
5. Weber, Ida ✓	DOB: March 19
6. Li, Chong Yue ✓	DOB: Feb 22
7. Reid, Kimberly ✓	DOB: Feb 7
8. Ling, Diana ✓	DOB: Dec 12
9. Chan, Wing Kee ✓	DOB: July 18
10. Kuzler, Francis ✓	DOB: July 25
11. Omalley, James ✓	DOB: Jan 3
12. Kodack, Harold ✓	DOB: July 25
13. Mclean, Ibeth ✓	DOB: June 21
14. Cook, Janice ✓	DOB: May 20
15. Youngs, Hayley	DOB: Sep 14
16. Gagliardo, Steven	DOB: Feb 9
17. Andrea, Jordanna	DOB: June 23
18. Corrado, Elizabeth	DOB: Feb 11
19. Thomas, Antonio	DOB: Oct 7
20. Frasca, Kate	DOB: Jan 15

135 \$

50ML
406a 44
M



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for this Rx Order

Facility Name	✓
Facility Address	✓

M80

Drug 1		Drug 2		Drug 3	
Medication	✓	Medication		Medication	
Vial Size	✓	Vial Size		Vial Size	
# of Units	✓	# of Units		# of Units	
Lot # Matched	✓	Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	

Drug 4		Drug 5		Drug 6	
Medication		Medication		Medication	
Vial Size		Vial Size		Vial Size	
# of Units		# of Units		# of Units	
Lot # Matched		Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	

Kathy S. Chin, RPh, PharmD	✓
Michelle L. Thomas, RPh, PharmD	
Barry J. Cadden, RPh	
Glenn. A. Chin, RPh	
J. Matt Evanovsky, RPh	
Chris M. Leary, RPh, PharmD	
Gene V. Svirskiy, RPh, PharmD	
Alla V. Stepanets, RPh, PharmD	

174757_2_24_001240

FDA_P00408380



**Pharmacist's Rx Order
Verification Sheet**

*Please verify that the following are correct for
this Rx Order*

Facility Name
Facility Address

✓

MP 80/10

Drug 1

Drug 2

Drug 3

Medication Correct

Medication Correct

Medication Correct

Vial Size Correct

Vial Size Correct

Vial Size Correct

of Units Correct

of Units Correct

of Units Correct

Lot # Matched

✓

Lot # Matched

Lot # Matched

Correct Lab
Reports Enclosed

W

Correct Lab
Reports Enclosed

Correct Lab
Reports Enclosed

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh

Glenn A. Chin, RPh

Kathy S. Chin, RPh, PharmD

Joseph M. Evanosky, RPh, PharmD

Chris M. Leary, RPh, PharmD

Gene V. Svirskiy, RPh, PharmD

Alla Stepanets, RPh, PharmD

a

174757_2_24_001241

FDA_P00408381



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
2/10/2012	204848

Bill To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

Ship To

JONATHANN C. KUO MD PC
350 BROADWAY, SUITE 200
NEW YORK, NY 10005
ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	2/10/2012	FEDEX		
Quantity	Item Code	Description	Price Each	Amount		
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML	27.00	1,350.00		
50	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML	24.00	1,200.00		
1	Shipping Charges		20.00	20.00		

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$2,570.00
Credits	\$-2,570.00
Balance Due	\$0.00

174757_2_24_001242

FDA_P00408382

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

02/10/2012

SALE

Total: \$2,570.00

American Express xxxxxxxxxxx1005

Exp. Date: xx / xx

Name: JONATHANN C. KUO MD PC

Auth. Code: 124451

QuickBooks Trans. No:

Trans. ID: MA0119701920

Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001243

FDA_P00408383



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF FACILITY: *Jonathan C Kuo M.D.P.C.*

PHONE NUMBER: *646 546 7386*

ADDRESS: *350 Broadway Suite 200*

CONTACT NAME: *Jonathan C Kuo P.O.#*

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient

Name of medication to be

compounded

Strength

If preservative-

Directions

(%, mg/mL, free, write in p/f

u/mL)

Unit size

of

units

John Haney M.D.
Shirley M.D.
per attached

Methylprednisolone
Methylprednisolone P/F

80mg/mL P
80mg/mL P/F

1

1

50

50

50

on the board

NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST.
FRAMINGHAM, MA 01702 800-994-6322
METHYLPREDNISOLONE AC 80MG/ML INJ
Lot # 01102012@94 Discard after 7/8/2012
GC
"HANE WELL" "MDV"
10 ML

Ref: METHYLPRED
Date: 10Feb12
Wgt: 1.00 LBS
DV: 0.00
Spec: STANDARD OVERNIGHT
TRUCK: 5163 2513 9577

SHIPPING: 6.55
SPECIAL: 0.75
HANDLING: 0.00
TOTAL: 7.30

Physician's Name/Signature:

Full

DEA Number: *940838482*

For NECC Use Only

QB: *✓*

Verification: Institutional Agent: *John Dr. Kuo*

SS

Date: *2/9/12*

Time: *2:43p*

V102309

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE

350 Broadway - Suite 205
New York, New York 10013

Tel: (646) 596-7386
Fax: (212) 227-2369

PTS FOR RECENT ORDER

50ml = \$135

Weng, Pel

Yuen, Mei Kuen

Ting, Kai

Zhao, Jiexiang

Kuzler, Francis

McBrinn, Redmond

Roller, Joseph

Shi, Zujie

Cohen, Max

Velez, Daniel

25ml = \$120

Durst, Shelton

Frey, Sacha

O'Brien, Alicia

Harris, Beverly

Ha, Namsoo

Mack, Shakina

Diaz, Maria

Huang, Feng Ling

Edwards, Brandon

Enriquez, Joseph

174757_2_24_001245

FDA_P00408385

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE
350 BROADWAY, SUITE 200
NEW YORK, NEW YORK, 10013
T 646.596.7386
F 646-360-2739
www.JonathannKuoMD.com

FAX

TO: NECC
FAX: 888-820-0583
PHONE: 508-820-1616
RE:

FROM: Jonathann C. Kuo
PAGES: 2
DATE: 02/09/12
CC:

☒ URGENT

☒ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

COMMENTS

174757_2_24_001246

FDA_P00408386

Belmira Carvalho

From: John Notarianni
Sent: Friday, February 10, 2012 2:44 PM
To: Belmira Carvalho
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

\$24 is OK for #50+ per order

From: John Notarianni
Sent: Friday, February 10, 2012 2:32 PM
To: Barry Cadden
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

Order in house for 50 5ml methyl 80 need pricing you quoted 24 @100 per can we still do \$24
And 50 10ml methyl 80 @ \$27 already quoted

From: Barry Cadden
Sent: Thursday, February 02, 2012 11:46 AM
To: John Notarianni
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

From: John Notarianni
Sent: Thursday, February 02, 2012 9:58 AM
To: Barry Cadden; Robert Ronzio; Chad Trudeau
Subject: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

Current customer buying

Please price

Methylprednisolone Acetate (PF) 80mg/ml 5ml vial 100 per.....\$24

From: Belmira Carvalho
Sent: Friday, February 10, 2012 2:24 PM
To: John Notarianni
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

The quote is for 100 per order. The order is for 50 vials only. Does the same quote apply?
Let me know
Bel

Fr m: John Notarianni
Sent: Friday, February 10, 2012 1:17 PM
T : Belmira Carvalho
Subject: FW: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Sorry

From: John Notarianni
Sent: Thursday, February 09, 2012 4:58 PM
T : Steven Sanda
Subject: Fw: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Sent via DroidX2 on Verizon Wireless™

-----Original message-----

From: Barry Cadden <bcadden@neccrx.com>
To: John Notarianni <jnotarianni@medicalsalesmgmt.com>
Sent: Thu, Feb 2, 2012 16:45:39 GMT+00:00
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

From: John Notarianni
Sent: Thursday, February 02, 2012 9:58 AM
To: Barry Cadden; Robert Ronzio; Chad Trudeau
Subject: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

Current customer buying 50~METHYL 80/10~\$27.00

Please price

Methylprednisolone Acetate (PF) 80mg/ml 5ml vial 100 per.....\$24

Thank you

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: **NECC**
Cell Phone: (508)454-0779
Fax: 888-820-0583
jnotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC - A vital resource for sterile and non-sterile compounding medications.

Belmira Carvalho

From: John Notarianni
Sent: Friday, February 10, 2012 1:17 PM
To: Belmira Carvalho
Subject: FW: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Sorry

From: John Notarianni
Sent: Thursday, February 09, 2012 4:58 PM
T : Steven Sanda
Subject: Fw: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Sent via DroidX2 on Verizon Wireless™

-----Original message-----

From: Barry Cadden <bcadden@neccrx.com>
To: John Notarianni <jnotarianni@medicalsalesmgmt.com>
Sent: Thu, Feb 2, 2012 16:45:39 GMT+00:00
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

From: John Notarianni
Sent: Thursday, February 02, 2012 9:58 AM
To: Barry Cadden; Robert Ronzio; Chad Trudeau
Subject: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

Current customer buying 50~METHYL 80/10~\$27.00

Please price

Methylprednisolone Acetate (PF) 80mg/ml 5ml vial 100 per.....\$24

Thank you

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: **NECC**
Cell Phone: (508)454-0779
Fax: 888-820-0583
jnotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC - A vital resource for sterile and non-sterile compounding medications.

174757_2_24_001250

FDA_P00408390



**Pharmacist's Rx Order
Verification Sheet**

*Please verify that the following are correct for
this Rx Order*

Facility Name

MP 80/10

Facility Address

MP 80/10

✓

Drug 1

Drug 2

Drug 3

Medication Correct

Medication Correct

Medication Correct

Vial Size Correct

Vial Size Correct

Vial Size Correct

of Units Correct

of Units Correct

of Units Correct

Lot # Matched

Lot # Matched

Lot # Matched

Correct Lab
Reports Enclosed

Correct Lab
Reports Enclosed

Correct Lab
Reports Enclosed

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh

Glenn A. Chin, RPh

Kathy S. Chin, RPh, PharmD

Joseph M. Evanosky, RPh, PharmD

Chris M. Leary, RPh, PharmD

Gene V. Svirskiy, RPh, PharmD

Alla Stepanets, RPh, PharmD

h

174757_2_24_001251

FDA_P00408391



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
12/12/2011	198367

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	12/12/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	1,350.00
1	Shipping Charges				20.00	20.00

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total \$1,370.00

Credits \$-1,370.00

Balance Due \$0.00

174757_2_24_001252

FDA_P00408392

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

12/12/2011

SALE

Total: \$1,370.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 184399 QuickBooks Trans. No:
Trans. ID: MC0082691007 Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001253

FDA_P00408393



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

M-T
S.O.

NAME OF FACILITY: Jonathan C Kuo, MD PC

PHONE NUMBER:

646 546 7386

ADDRESS: 350 Broadway Suite 200

CONTACT NAME: Jonathan C Kuo, P.O.#:

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient

Name of medication to be compounded

Strength If preservative- (%, mg/ml, free, write in p/f u/ml)

Unit size (mL, gm...)

Directions

Nancy Nathan

Methylprednisolone

80mg/mL

10mL

(50)

ADP

Ref: METHYLPRED
Dep:
Date: 12Dec11
Wgt: 1.00 LBS
DV: 0.00
SHIPPING: 6.46
SPECIAL: 0.90
HANDLING: 0.00
TOTAL: 7.36

Size STANDARD OVERNIGHT
TRK: 5101 384 0958

Physician's Name/Signature:

full

DEA Number:

K0838182

For NECC Use Only

Verification: Institutional Agent:

Dr. Kuo, NECC Agent:

QB:

Date: 12/11

Time:

V102309



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Packing Slip

Date	Invoice #
7/26/2011	184810

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. No.	Ship	Via	FOB	Project
	7/26/2011	FEDEX		

Quantity	Item Code	Description
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML
1	Shipping Charges	

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

174757_2_24_001255

FDA_P00408395



Pharmacist's Rx Order Verification Sheet

*Please verify that the following are correct for
this Rx Order*

Facility Name	✓
Facility Address	✓

MP 8/10

Drug 1		Drug 2		Drug 3	
Medication Correct	/	Medication Correct		Medication Correct	
Vial Size Correct	/	Vial Size Correct		Vial Size Correct	
# of Units Correct	/	# of Units Correct		# of Units Correct	
Lot # Matched	✓	Lot # Matched		Lot # Matched	
Correct Lab Reports Enclosed	✓	Correct Lab Reports Enclosed		Correct Lab Reports Enclosed	

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh	
Glenn A. Chin, RPh	
Kathy S. Chin, RPh, PharmD	
Joseph M. Evanosky, RPh, PharmD	
Chris M. Leary, RPh, PharmD	
Gene V. Svirskiy, RPh, PharmD	
Alla Stepanets, RPh, PharmD	✓

174757_2_24_001256

FDA_P00408396



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
10/12/2011	192245

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 ✓ NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	10/12/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	1,350.00
1	Shipping Charges				20.00	20.00

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$1,370.00
Credits	\$-1,370.00
Balance Due	\$0.00

174757_2_24_001257

FDA_P00408397

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

10/12/2011

SALE

Total: \$1,370.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 184206 QuickBooks Trans. No:
Trans. ID: MC0078684992 Merchant No.: 5247710000930545

X _____
Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001258

FDA_P00408398



Prescription Order Form

607 Waverly Street, Farmington, VT 05402
804.994.0322, 508.820.6066,
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF FACILITY: JONATHAN KEO MD PC

PHONE NUMBER: 646 596 7386

ADDRESS: 350 BROADWAY SUITE 200 NEW YORK, NY 10013
CONTACT NAME: JONATHAN KEO MD PC P.O. #:

Name of Patient: Nancy Ardena
We must have Facility name & address to process your prescription order - Thank you.

Name of medication to be compounded: Methylprednisolone 8mg/mL
Strength (% mg/mL, free, write in p/f u/ml):
If preservative- Unit size (mL, gm...):
Directions: 10mL 50 9/11/12

Physician's Name/Signature:

JONATHAN KEO

DEA Number: FK0838182

Verification: Institutional Agent, Jonathan Ardena

V102309

For NECC Use Only

NECC Agent: SS

Date: 10/11/11

Time: 3:53p

Ref: METHYLPRED
Dep:

Date: 120ct11
Wgt: 1.0 LBS

SHIPPING: 5.45
SPECIAL: 1.00
HANDLING: 0.00
TOTAL: 7.45

Site: STANDARD OVERNIGHT
TRCK: 5044 3137 6377

FACSIMILE TRANSMITTAL FORM

Date/Time: 10/11/2011, 3:32:43 PM

Pages: 2

Subject:

To:

Fax Number: 888-820-0583

From: {Sender's Name}

From: Ni, Wezhen

Fax Number: 212-227-2369

Business Phone: 646-596-7386

Company: Jonathann Kuo MD PC

NOTE: PLEASE CALL 646-596-7386 IF DOCUMENTS ARE INCOMPLETE
OR NOT LEGIBLE.

The information contained in the facsimile message may be confidential and/or legally privileged information intended only for the use of the individual or entity named above. If the copying, use, distribution, or disclosure of this information is not authorized, it is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and we will arrange for return of the documents.

174757_2_24_001260

FDA_P00408400



Pharmacist's Rx Order Verification Sheet

*Please verify that the following are correct for
this Rx Order*

Facility Name	✓
Facility Address	✓

MSD

Drug 1		Drug 2		Drug 3	
Medication Correct	✓	Medication Correct	✓	Medication Correct	✓
Vial Size Correct	✓	Vial Size Correct	✓	Vial Size Correct	✓
# of Units Correct	✓	# of Units Correct	✓	# of Units Correct	✓
Lot # Matched	✓	Lot # Matched	✓	Lot # Matched	✓
Correct Lab Reports Enclosed	✓	Correct Lab Reports Enclosed	✓	Correct Lab Reports Enclosed	✓

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh	
Glenn A. Chin, RPh	
Kathy S. Chin, RPh, PharmD	✓
Joseph M. Evanosky, RPh, PharmD	
Chris M. Leary, RPh, PharmD	
Gene V. Svirskiy, RPh, PharmD	
Alla Stepanets, RPh, PharmD	

174757_2_24_001261

FDA_P00408401



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
8/25/2011	187825

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	8/25/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	1,350.00
10	BETAS.P.12/5 PF	BETAMETHASONE SOD. PHOS. (PF)12MG/ML 5ML			22.00	220.00
1	Shipping Charges				20.00	20.00

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$1,590.00
Credits	\$-1,590.00
Balance Due	\$0.00

174757_2_24_001262

FDA_P00408402

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

08/26/2011

SALE

Total: \$1,590.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 181062 QuickBooks Trans. No:
Trans. ID: MA0106301180 Merchant No.: 5247710000930545

X

Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001263

FDA_P00408403



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE: 8/25/11

NAME OF FACILITY: JONATHAN C Kuo MD

ADDRESS: 750 BRADWAY SUITE 200 CHATTAHOOCHEE

PHONE NUMBER: 646 526 7386

CONTACT NAME: Kuo MD

P.O. #: F2M

We must have Facility name & address to process your prescription order - Thank you.

Name of Patient

Name of medication to be compounded

Strength (% mg/ml, free, write in pdf)

Unit size (mL, gm...)

Directions

Methyprednisolone 20mg/L
Methylprednisolone 20mg/L
Methylprednisolone 20mg/L

10mL 50
5mL 10
P/F

first order only (must order #30/order.)

(S.D.)

See notes from JMC

Physician's Name/Signature:

Jonathan Kuo

DEA Number: K083882

Verification: Institutional Agent: Dr. Kuo

NECC Agent: S

For NECC Use Only

Date: 8/25/11 Time: 1:00p

V102309

Ref: BETA, METHYL-PRED Date: 25Aug11
Hgt: 1.0 LBS
Dep:

SHIPPING: 6.46
SPECIAL: 0.97
HANDLING: 0.00
TOTAL: 7.43

SVcs: STANDARD OVERNIGHT
TRCK: 5022 272 1151



Prescription Order Form

DATE:

8/24/11

 697 Waverly Street, Framingham MA 01702
 800.994.6322, 508.820.0606.
 FAX 888.820.9583 or 508.820.1616

NAME OF FACILITY:

JONATHAN C Kuo MD PC

PHONE NUMBER:

646 596 7386

ADDRESS:

350 BROADWAY SUITE 200

CONTACT NAME: JONATHAN Kuo P.O. #:

We must have facility name & address to process your prescription order - Thank you.

Name of Patient

Name of medication to be compounded

Strength

If preservative-

Unit size

of

Directions

(% mg/ml, free, write in p/f u/ml)

(mg/ml, free, write in p/f

(mL, gm...)

units

Directions

 Nancy Merahn
 Joseph Threlka

 Celestone 12mg/ml
 Bek Rep

(On L 70) As directed

Physician's Name/Signature:

DEA Number:

K0838182

Verification: Institutional Agent:

V102309

For NECC Use Only

NECC Agent:

Date:

Time:

JONATHANN C. KUO, M.D.

INTERVENTIONAL PAIN MANAGEMENT
BOARD CERTIFIED | ANESTHESIOLOGY | PAIN MEDICINE
350 BROADWAY, SUITE 200
NEW YORK, NEW YORK, 10013
T 646.596.7386
F 212.227.2369
www.JonathannKuoMD.com

FAX

TO: NECC FROM: Wen
FAX: 888.820.0583 PAGES: 2
PHONE: 508.820.1616 DATES: 8/24/2011
RE: Prescription Order Form

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

COMMENTS

174757_2_24_001266

FDA_P00408406

Steven Sanda

From: John Notarianni
Sent: Thursday, August 25, 2011 10:20 AM
To: Steven Sanda
Subject: RE: NECC 12mg/ml Pricing

This fax is coming in please see below customer wants 50 units of methy.

From: Jonathann Kuo [mailto:jonathannkuomd@yahoo.com]
Sent: Thursday, August 25, 2011 10:05 AM
T : John Notarianni
Subject: Re: NECC 12mg/ml Pricing

Very well. I faxed the order form in for 30 but change it to 50 for me. I will use it all.

From: John Notarianni <jnotarianni@medicalsalesmqmt.com>
To: Jonathann Kuo <jonathannkuomd@yahoo.com>
Sent: Thursday, August 25, 2011 9:54 AM
Subject: RE: NECC 12mg/ml Pricing

Jonathann

The only way you will get the original pricing on the methyl is if you order 50. They will not bend on this due to the exception pricing you originally received. The meds are good for 4 or 5 months its only please be sure you order 50 because if not, the system automatically reverts to the regular pricing and the exception is overlooked. Stay with the 5 on the beta to try it.

Thank you

From: Jonathann Kuo [mailto:jonathannkuomd@yahoo.com]
Sent: Thursday, August 25, 2011 9:46 AM
To: John Notarianni
Subject: Re: NECC 12mg/ml Pricing

John -

Since I already had a large supply of the Methyl P 80 mg/ml before I placed my 1st order with you, I don't need 50 units right now but I will take 30 units along with a 10 unit order of the Betamethasone Repository (PF) 5 ml okay? I will fax in the order sheet

From: John Notarianni <jnotarianni@medicalsalesmqmt.com>
To: Jonathann Kuo <jonathannkuomd@yahoo.com>
Sent: Thursday, August 25, 2011 9:40 AM
Subject: RE: NECC 12mg/ml Pricing

Jonathann

I just got the okay at \$22.00 for first order of Betamethasone Repository(PF) 12mg/ml 5ml (remember this is a solution not a suspension) providing you are including your re order of the Methyl (P) 80mg/ml 10ml 50 units.....

If you like the Betamethasone the next order must be 30 units. Please remember this is 12mg/ml, sodium phosphate, solution. Please place order today so I can be sure it gets processed with the correct price.

Thank you for your continued business.

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508)454-0779
Fax: (508) 820-9401
jnotarianni@medicalsalemgmt.com
www.Neccrx.com
NECC - A vital resource for sterile and non-sterile compounding medications

From: Jonathann Kuo [mailto:jonathannkuomd@yahoo.com]
Sent: Thursday, August 25, 2011 8:08 AM
To: John Notarianni
Subject: Re: NECC 12mg/ml Pricing

Betamethasone Repository(PF) 12mg/ml 5ml 30 per month.....\$25.00ea

I can get this from US Compounding for \$22 each. Can you match that?

Can I start with just 5 bottles of this to see if I like it?

From: John Notarianni <jnotarianni@medicalsalemgmt.com>
To: "jonathannkuomd@yahoo.com" <jonathannkuomd@yahoo.com>
Sent: Wednesday, August 24, 2011 3:05 PM
Subject: NECC 12mg/ml Pricing

Jonathann

The pricing on the Betamethasone is:

Betamethasone Repository(PF) 12mg/ml 2ml 40 per month.....\$18.00ea

Betamethasone Repository(PF) 12mg/ml 5ml 30 per month.....\$25.00ea

Please advise.....

Thank you

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508)454-0779
Fax: (508) 820-9401
jnotarianni@medicalsalemgmt.com
www.Neccrx.com

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174757_2_24_001269

FDA_P00408409

Steven Sanda

From: John Notarianni
Sent: Thursday, August 25, 2011 12:33 PM
To: Steven Sanda
Subject: FW: NECC 12mg/ml Pricing

See below Barry approve as little as 5 units at this price. Thanks

From: Barry Cadden
Sent: Thursday, August 25, 2011 9:30 AM
To: John Notarianni
Subject: RE: NECC 12mg/ml Pricing

OK....for first order only

Just make sure that concentration is 12mg/ml, sodium phosphate, solution.....we have run into many facilities talking "dose" = 12mg = really 2ml of 6mg/ml. This does not really sound like that but.....?

Did you come up same road from Milford that I sent u down last night? There is another way if you take the exit for 126 in belingham.....might be a little shorter. It's good to get familiar with all of the back ways here in case of accidents/traffic....etc.

Fr m: John Notarianni
Sent: Thursday, August 25, 2011 8:31 AM
T : Barry Cadden
Subject: FW: NECC 12mg/ml Pricing

Barry

I saved over 20mins this morning coming to work. Thanks. What do you think about his below? He again is placing his reorder of #50 10ml's of Methlypred with this order? Can we do \$22 on this for trial Sunits and next order must be 30 units?

Thanks

Fr m: Jonathann Kuo [mailto:jonathannkuomd@yahoo.com]
Sent: Thursday, August 25, 2011 8:08 AM
To: John Notarianni
Subject: Re: NECC 12mg/ml Pricing

Betamethasone Repository(PF) 12mg/ml 5ml 30 per month.....\$25.00ea

I can get this from US Compounding for \$22 each. Can you match that?

Can I start with just 5 bottles of this to see if I like it?

From: John Notarianni <jnotarianni@medicalsalesmgmt.com>
To: "jonathannkuomd@yahoo.com" <jonathannkuomd@yahoo.com>

Sent: Wednesday, August 24, 2011 3:05 PM
Subj ct: NECC 12mg/ml Pricing

Jonathann

The pricing on the Betamethasone is:

Betamethasone Repository(PF) 12mg/ml 2ml 40 per month.....\$18.00ea

Betamethasone Repository(PF) 12mg/ml 5ml 30 per month.....\$25.00ea

Please advise.....

Thank you

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508)454-0779
Fax: (508) 820-9401
jnotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC - A vital resource for sterile and non-sterile compounding medications.

Steven Sanda

From: John Notarianni
S nt: Wednesday, August 24, 2011 2:19 PM
T : Steven Sanda
Subj ct: FW: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Here you go

-----Original Message-----

From: Barry Cadden
Sent: Monday, August 22, 2011 2:38 PM
To: John Notarianni
Cc: Robert Ronzio
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

OK.....i'll buy in....\$28 per beta 10ml.....

-----Original Message-----

From: John Notarianni
Sent: Monday, August 22, 2011 12:43 PM
To: Barry Cadden
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Yes 10ml #5 per month I know it is very low volume but this is going to be a good client.....

-----Original Message-----

From: Barry Cadden
Sent: Monday, August 22, 2011 12:28 PM
To: John Notarianni
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

How many beta? 10ml.....#5?

-----Original Message-----

From: John Notarianni
Sent: Monday, August 22, 2011 10:07 AM
To: Barry Cadden
Subject: RE: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

This customer is getting ready to order their second order of #50 10ml's of Methlypred and he wants to know if we can match US Compounding at 28.00 on the beta? I would love to keep all this business in house. This Dr. is a young guy with a growing practice in downtown Manhattan. Please advise?

Thank you

-----Original Message-----

From: Barry Cadden
Sent: Friday, August 19, 2011 8:02 AM
To: John Notarianni
Subject: Re: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

\$15 and \$35

----- Original Message -----

From: John Notarianni

Sent: Friday, August 19, 2011 07:28 AM

To: Barry Cadden; Robert Ronzio; John Pasedis

Subject: Jonathan Kuo Md NY NY jonathannkuomd@yahoo.com

Barry

Can you price the following. He is getting ready to place his second order of 50 meth 10mls and he want some bethamethasone Repository

Betamethasone Repository(PF) 6mg/ml 2ml 5 per month

Betamethasone Repository(P) 6mg/ml 10ml 5 per month

Thanks

John L. Notarianni

Regional Sales Manager

Medical Sales Management

Representing: NECC

Cell Phone: (508) 454-0779

Fax: (508) 820-9401

jnotarianni@medicalsalesmgmt.com

www.Neccrx.com

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174757_2_24_001274

FDA_P00408414



**Pharmacist's Rx Order
Verification Sheet**

*Please verify that the following are correct for
this Rx Order*

Facility Name

Facility Address

Drug 1

Drug 2

Drug 3

Medication Correct

Medication Correct

Medication Correct

Vial Size Correct

Vial Size Correct

Vial Size Correct

of Units Correct

of Units Correct

of Units Correct

Lot # Matched

Lot # Matched

Lot # Matched

Correct Lab
Reports Enclosed

Correct Lab
Reports Enclosed

Correct Lab
Reports Enclosed

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh

Glenn A. Chin, RPh

Kathy S. Chin, RPh, PharmD

Joseph M. Evanosky, RPh, PharmD

Chris M. Leary, RPh, PharmD

Gene V. Svirskiy, RPh, PharmD

Alla Stepanets, RPh, PharmD

174757_2_24_001275

FDA_P00408415

Alla Stepanets

From: John Notarianni
Sent: Thursday, August 25, 2011 5:02 PM
T : Alla Stepanets
Subject: RE: Kuo,Jonathann, MD - New York, NY

50 vials of methylpred, and beta S.P. solution 12mg/ml 5 ml vials

Sorry about the confusion

From: Alla Stepanets
Sent: Thursday, August 25, 2011 4:56 PM
T : John Notarianni
Subject: RE: Kuo,Jonathann, MD - New York, NY

Ok, but he is still mentioning "Repository" ..., very confusing.
Also, he is getting 50 vials of Methylpred, not 30-even more confusing!
What am I supposed to send him?

From: John Notarianni
Sent: Thursday, August 25, 2011 4:40 PM
To: Alla Stepanets
Subject: RE: Kuo,Jonathann, MD - New York, NY

Alla

This is the last email I sent to the Dr. It is aware that it is a solution. See chain below does this clarify?

From: Jonathann Kuo [mailto:jonathannkuomd@yahoo.com]
Sent: Thursday, August 25, 2011 9:46 AM
To: John Notarianni
Subject: Re: NECC 12mg/ml Pricing

John -

Since I already had a large supply of the Methyl P 80 mg/ml before I placed my 1st order with you, I don't need 50 units right now but I will take 30 units along with a 10 unit order of the Betamethasone Repository (PF) 5 ml okay? I will fax in the order sheet

Beta Paper
12 mg?
contact JN.

From: John Notarianni <jnotarianni@medicalsalesmgmt.com>
To: Jonathann Kuo <jonathannkuomd@yahoo.com>
Sent: Thursday, August 25, 2011 9:40 AM
Subject: RE: NECC 12mg/ml Pricing
Jonathann

I just got the okay at \$22.00 for first order of Betamethasone Repository(PF) 12mg/ml 5ml (remember this is a solution not a suspension) providing you are including your re order of the Methyl (P) 80mg/ml 10ml 50 units:.....

If you like the Betamethasone the next order must be 30 units. Please remember this is 12mg/ml, sodium phosphate, solution. Please place order today so I can be sure it gets processed with the correct price.

Thank you for your continued business.

John L. Notarianni
Regional Sales Manager
Medical Sales Management
Representing: NECC
Cell Phone: (508)454-0779
Fax: (508) 820-9401
jnotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC - A vital resource for sterile and non-sterile compounding medications

Fr m: Alla Stepanets
Sent: Thursday, August 25, 2011 4:35 PM
To: John Notarianni
Subject: Kuo,Jonathann, MD - New York, NY

John,
I need some clarification on the order in-house for Beta.
The only kind of Beta 12mg/mL is the Sodium Phosphate, never Repository.
Betamethasone Sodium Phosphate = Celestone® (clear solution) 6mg/mL, 12mg/mL
Betamethasone Repository(Sodium Phosphate + Sodium Acetate) = Celestone Soluspan® (cloudy suspension) 6mg/mL only

I confirmed with Barry that we are not making a new product of Beta Repos 12mg/mL, so please clarify this order and get back to me before we will ship the meds.
Thank you,

Alla V. Stepanets Pharm.D., R.Ph.



NECC staff pharmacist
tel: 800-994-6322 *664
fax: 888-820-0583
e-mail: astepanets@necorx.com

174757_2_24_001279

FDA_P00408419



New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
7/26/2011	184810

Bill To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

Ship To
JONATHANN C. KUO MD PC 350 BROADWAY, SUITE 200 NEW YORK, NY 10005 ATTN:DR. KUO

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN	7/26/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
50	METHYL 80/10	METHYLPREDNISOLONE 80MG/ML INJ, 10ML			27.00	1,350.00
1	Shipping Charges				20.00	20.00
						

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$1,370.00
Credits	\$-1,370.00
Balance Due	\$0.00

174757_2_24_001280

FDA_P00408420

New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

07/26/2011

SALE

Total: \$1,370.00

American Express xxxxxxxxxxx1005
Exp. Date: xx / xx
Name: JONATHANN C. KUO MD PC

Auth. Code: 149577 QuickBooks Trans. No:
Trans. ID: ME0082212707 Merchant No.: 5247710000930545

X _____
Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement

MERCHANT COPY

174757_2_24_001281

FDA_P00408421

T → W



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0608
FAX 888.820.0583 or 508.820.1616

NAME OF FACILITY:

ADDRESS:

Name of Patient

CONTACT NAME:

P.O. #:

We must have Facility name & address to process your prescription order - Thank you.

Name of medication to be compounded

Strength (% mg/ml, w/ml) If preservative-free, write in p/f

Unit size (mL, gm...) # of units

Directions

DATE: 7/22/11
NAME OF FACILITY: JONATHAN Kuo MD PC
PHONE NUMBER: 646 546 7386
ADDRESS:
Name of Patient: JONATHAN Kuo
Name of medication to be compounded: Methylprednisolone 80mg/ml
Strength (% mg/ml, w/ml): 80mg/ml
Unit size (mL, gm...): 10cr SC
of units: 50
Directions: B87

M. WYSHAK
 LAMDA, E
 Scotter, P
 Wade, H
 Faulker, J
 Kelly, T
 Stunk, D
 Brown, S
 Dijkstra, E
 Kratz, A.

Physician's Name/Signature:

DEA Number:

Verification: Institutional Agent:

Kevin

NECC Agent:

For NECC Use Only

Leeah

Date: 7/26/11

Time: 9:12a

V102309

Ref: METHYLPRED
Dep:

Date: 26Jul11
Wgt: 1.0 LBS
DV:

SHIPPING: 6.46
SPECIAL: 0.97
HANDLING: 0.00
TOTAL: 7.43

Svc: STANDARD OVERNIGHT
TRK: 5022 2268 8207

174757_2_24_001282

FDA_P00408422

Account Information/ Credit Application

Shipping Address:Facility Name: JONATHAN C Kuo MD PCStreet: 350 BROADWAY SUITE 200City: NY State: NY Zip: 10005Phone: 646 596 7386 Fax: 212 227 2369 Email: JONATHANShipping Contact Name: JONATHAN C Kuo (Kuo MD)**Billing Address:**Facility Name: Same

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Accounts Payable Contact Name: _____

ARE PURCHASE ORDERS REQUIRED? Yes _____ No _____ PO# _____**DO YOU PAY BY CREDIT CARD?** Yes X No _____Type: AMEX Number: 3717 382561 81005 Exp Date: 10/14**Bank Reference:**Bank Name: TD Bank Contact Name: Carmine Lo Phone: 646 613 7044Bank Account #: 4255863875 Type: CheckingBank Address, City, State, Zip: 254 Canal St. NY NY 10013**Trade Reference:**

Company Name Contact Address City State Zip Phone

1. Henry Schen Adam Knepper 917 653 6649

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof and that the party authorizes trade and bank references to release any information necessary to assist in establishing a line of credit.

Name: JONATHAN Kuo MD Title: PresidentSignature: [Signature] Date: 7/14/2011

V102005



697 Waverly Street, Framingham, MA 01702

Tel: 800-994-6322 or 508-820-0606

Fax: 888-820-0583 or 508-820-1616

www.neccrx.com

174757_2_24_001283

FDA_P00408423

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK0838182	12-31-2013	\$661
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-02-2010
KUO, JONATHAN C. MD 350 BROADWAY SUITE 200 NEW YORK, NY 10013		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK0838182	12-31-2013	\$661
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-02-2010
KUO, JONATHAN C. MD 350 BROADWAY SUITE 200 NEW YORK, NY 10013		
Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.		

Form DEA-223 (05/04)

174757_2_24_001284

FDA_P00408424



350 Broadway
Suite 205
New York, NY 10013
Phone: 212.227.2368
Fax: 212.227.2369
doc@neuroasis.com

FAX

Fax Transmittal Form

To
Name: NECC
Organization Name/Dept: _____
CC: _____
Phone number: _____
Fax number: 888 820 0583

From
Name: Emile - Dr. Rud
Date: 7/18/11
Page(s): 3

Urgent
For Review
Please Comment
Please Reply

Message:

174757_2_24_001285

FDA_P00408425

John Notarianni

From: Barry Cadden
Sent: Monday, July 18, 2011 11:28 AM
To: John Notarianni
Subject: RE: Johnathann Kuo 350 Broadway suite 205. NY NY

So \$27 per @ #50 per order.....I assume the 27 is \$27???

-----Original Message-----

From: John Notarianni
Sent: Monday, July 18, 2011 11:24 AM
To: Barry Cadden
Subject: Re: Johnathann Kuo 350 Broadway suite 205. NY NY

I know that's what said.... But he committed at 27 if we can do it. If not I will just tell 29 is the best we do. Thanks

John L. Notarianni

Regional Sales Manager

Medical Sales Management

Representing: NECC
Cell Phone: (508) 454-0779
Fax: (508) 820-9401
jnotarianni@medicalsalesmgmt.com
www.Neccrx.com

NECC -A vital resource for sterile and non-sterile compounding medications.

----- Original Message -----

From: Barry Cadden
Sent: Monday, July 18, 2011 11:19 AM
To: John Notarianni
Subject: RE: Johnathann Kuo 350 Broadway suite 205. NY NY

For #50 per order?

-----Original Message-----

From: John Notarianni
Sent: Monday, July 18, 2011 8:23 AM
To: Barry Cadden
Subject: Re: Johnathann Kuo 350 Broadway suite 205. NY NY

Barry

Is there any way we could do 27 on this because they get 1 free vial per box and free shipping? He has committed at 27.
Thanks

John L. Notarianni

Regional Sales Manager

Medical Sales Management

Representing: NECC

Cell Phone: (508) 454-0779

Fax: (508) 820-9401

jnotarianni@medicalsalesmgmt.com

www.Neccrx.com

NECC -A vital resource for sterile and non-sterile compounding medications.

----- Original Message -----

From: Barry Cadden

Sent: Thursday, July 14, 2011 09:56 PM

To: John Notarianni; Robert Ronzio; Robert Ronzio; Robert Ronzio

Cc: Robert Ronzio

Subject: RE: Johnathann Kuo 350 Broadway suite 205. NY NY

From: John Notarianni

Sent: Thursday, July 14, 2011 4:20 PM

To: Barry Cadden; Robert Ronzio; Brittany Salomaa

Subject: Johnathann Kuo 350 Broadway suite 205. NY NY

Barry

They are buying from US compounding.

Methyl (P) 80mg/ml 10ml 50per month they pay 32.00>>>>>>>\$29

Omnipaque 240 3ml 150 per....\$10

Hyaluronidase (PF) 1500u 1ml 2per...\$65

Thanks

John L. Notarianni

Regional Sales Manager

Medical Sales Management

Representing: NECC

Cell Phone: (508) 454-0779

Fax: (508) 820-9401

**Account Information**

697 Waverly Street, Framingham, MA 01702
T I: 800-994-6322 or 508-820-0606
Fax: 888-820-0583 or 508-820-1616
www.neccrx.com

Date: 07/25/2011**Sal s Rep:** Notarianni, John **Ext:** N/A**Contact Nam :**

Jonathann Kuo

Direct Dial:

646-596-7386

Fax:**Websit :****Shipping Information****Facility Nam :**

Jonathann C. Kuo MD PC

Attn:

Jonathann C. Kuo

Street Address:

350 Broadway, Suite 200

City, Stat & Zip:

New York, NY 10005

Billing Information**Acc unt Numb r:**

10530837

Facility Nam :

Jonathann C. Kuo MD PC

Attn:

Jonathann C. Kuo

Street Address:

350 Broadway, Suite 200

City, Stat & Zip:

New York, NY 10005

Medication Inter st

Medication	Strength	P/PF	Vial Size	Qty	Price
methylprednisolone	80mg/ml	p	10ml	50	\$27
					\$
					\$
					\$

Doctor Nam : Jonathann Kuo**DEA #:** fk0838182**Paym nt Type:** American Express**Cr dit Card Number:** 371738256181005**Expiration Dat :** October 2014**Sp cial Instructions:****Shipping M thod:****Mail Invoice Separately:** No**S nd T t R ults:** No

174757_2_24_001288

FDA_P00408428



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for
this Rx Order

Facility Name
Facility Address

MSO
Drug 1

Medication Correct

Vial Size Correct

of Units Correct

Lot # Matched

Correct Lab
Reports Enclosed

Drug 2

Medication Correct

Vial Size Correct

of Units Correct

Lot # Matched

Correct Lab
Reports Enclosed

Drug 3

Medication Correct

Vial Size Correct

of Units Correct

Lot # Matched

Correct Lab
Reports Enclosed

**Please initial after your name when verification
complete.**

Barry J. Cadden, RPh

Glenn A. Chin, RPh

Kathy S. Chin, RPh, PharmD

Joseph M. Evanosky, RPh, PharmD

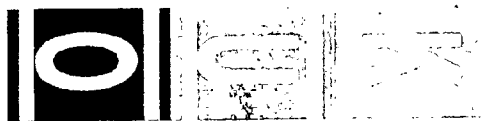
Chris M. Leary, RPh, PharmD

Greg V. Svirskiy, RPh, PharmD

Alla Stapanets, RPh, PharmD

174757_2_24_001289

FDA_P00408429



0452-5

KUO, JONATHANN C., MD PC



012205



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FDA_P00408430